



Name: _____

Last *First* *Middle*

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Emergency contact name: _____

Relationship: _____ Phone: _____

<input type="checkbox"/> Administrative	<input type="checkbox"/> Graphic Arts	<input type="checkbox"/> Teaching (students 5-12 yrs.)
<input type="checkbox"/> Art History	<input type="checkbox"/> Indexing/Cataloging	<input type="checkbox"/> Teaching (students 13-18 yrs.)
<input type="checkbox"/> Computer	<input type="checkbox"/> Library Shop Sales	<input type="checkbox"/> Tour guide/docent
<input type="checkbox"/> Clerical Support	<input type="checkbox"/> Photography	<input type="checkbox"/> Writing/Editing
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Foreign Language (Specify)
<input type="checkbox"/> Data Entry/Word Processing	<input type="checkbox"/> Research	<input type="checkbox"/> Sign Language
<input type="checkbox"/> Fund Raising/Special Events	<input type="checkbox"/> Receptionist	<input type="checkbox"/> Other (Please specify):
	<input type="checkbox"/> Studio Art	_____

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

HOURS PREFERRED (shifts – check one or both): ☐ Morning ☐ Afternoon

NOTE: Background security checks are required for all volunteers. This information is confidential. Please sign below to indicate your approval for the Library to conduct a security background investigation.

Signature

Date _____

Jill Bari Steinberg (804) 692-3586
Human Resources - Library of Virginia
800 East Broad Street
Richmond, Virginia 23219-8000